

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001648

1. Entity Name

ARJEWEL, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90174 030 ***150.00

Principal Place of Business 6319 BRANDON STREET PALM BEACH GARDENS FL 33418-1492	Mailing Address 1408 PROVIDENCE HWY. STE 224 NORWOOD MA 02062-4656
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0570036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMELL, RICHARD 122 N COUNTY RD PALM BEACH FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRIS, MARK 59 WALNUT AVE MILL VALEY CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip-94941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, ROBERT 2055 EILENE DR. PLEASANTON CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip-94588
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EPSTEIN, PAUL 95 CLINTON RD BROOKLINE MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24 Lagoon Vista Tiburou, CA 94920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINER, MICHAEL 6319 BRANDON STREET PALM BEACH GARDENS FL 33418-1492 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip-33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COMEAU, FRANCIE 52 ELM STREET FOXBORO MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip-02035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Francie Comeau **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Francie Comeau, Assistant Secretary
Date: 03/31/00 (781) 762-2522 Daytime Phone #

CR2E034 (9/99)